

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009985

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

352

STATE FILE NUMBER

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Joseph

Length of stay in 1b
54 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Methodist Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
6402 King Hill Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Roy

Middle Arthur

Last Montgomery

4. DATE OF DEATH

Month March

Day 24

Year 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH Jan. 12, 1890

9. AGE (last birthday) 72

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cattle Inspector

10b. KIND OF BUSINESS OR INDUSTRY

Stock Yards Co.

11. BIRTHPLACE (City and state or country)

Terre Haute, Indiana

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John W. Montgomery

13b. MOTHER'S MAIDEN NAME

Mary J. Fetheringale

14. NAME OF HUSBAND OR WIFE

Mary E. Montgomery

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mary E. Montgomery 6402 King Hill Ave.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH
26 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Old Arteriosclerosis Gen. - ASHD

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pulmonary T.B. - Treated - G.B. Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-25-56 to 3-24-62 and last saw him alive on 3-24-62
Death occurred at 9:59 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert W. Kiebel

22b. ADDRESS

St. Joseph, Mo.

22c. DATE SIGNED

3-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

March 26, 1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Clark Funeral Home St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Mar. 29, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Standell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

R.W. Kiebel, M.D.

VS 300
Rev. 4/59

15117

251172

3

4 0

5 1

6

7 1

8 2

9331XA

10

11

12 2-0

13 1-0

MAY 31 1962
JUL 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. A. Clark

Licensed Embalmer No. 4238
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.